



Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

**D3136-045**  
**Job Sheet 178722**



Part No: D3136-045

Job Qty: 4 ea

Part Name: Window Assembly



Part Weight: 0 lbs

Status: Scheduled

Priority: Medium

Job Created: 6/6/18

Job Tracking No:

Due Date: 6/22/18

Created By: Marie Lajeunesse

Type: SOLD

Description:

Note: DWG REV F IPP REV:C 15.02.13 NEW ISSUE DD VERF:JLM

Ship Via:

### Bill of Materials

### Job Routing

| Op No | Operation  | Qty   | Start Date | Due Date | Standard  |         | Workcenter/Supplier   |           | Sign-off                  |
|-------|------------|-------|------------|----------|-----------|---------|-----------------------|-----------|---------------------------|
|       |            |       |            |          | Setup hrs | Run Hrs | Workcenter / Supplier | Lead Time |                           |
| 110   | Purchasing | 4 pcs |            | 6/22/18  | 0.00      | 0.00    | Purchasing            |           | <i>mf 18.06.19</i>        |
| 140   | Packaging  | 4 pcs |            | 6/22/18  | 0.00      | 0.00    | Packaging2            |           | <i>mf 18.06.19</i>        |
| 150   | QC         | 4 pcs |            | 6/22/18  | 0.00      | 0.00    | QC6                   |           | <i>D 18.06.19</i>         |
| 170   | Packaging  | 4 pcs |            | 6/22/18  | 0.00      | 0.00    | Packaging3-1          |           |                           |
| 180   | QC21-SA    | 4 Ea  |            | 6/22/18  | 0.00      | 0.00    | QC21                  |           | <i>DAG 21 JUN 26 2018</i> |

Part Op 140 - Receive & Inspect for Damage & Mat'l Certs

Descriptions: 150 - QC6- All purchased or subcontracted products

170 - Identify as per dwg & Stock Location: \_\_\_\_\_

180 - QC21- Final Inspection - Work Order Release

*P0040151 x 4 June 11. 2018*

### Job BOM

| Part / Item  | Component Name         | Quantity        | Operation      | Container      |
|--------------|------------------------|-----------------|----------------|----------------|
| D3136-045P   | Window Assembly        | 4 pcs (1 ea)    | 110-Purchasing | <i>5082282</i> |
| MACRLICS.125 | 1/8" Polycast li Sheet | 17 sf (4.25 ea) | 110-Purchasing | <i>5000733</i> |

### Job Allocations

| Operation      | Component Part | Required | Inventory | Allocated      |
|----------------|----------------|----------|-----------|----------------|
| 110-Purchasing | D3136-045P     | 4        | 0         | 0              |
|                | MACRLICS.125   | 17       | 2,011     | 0              |
|                | <i>D3108-9</i> | <i>8</i> |           | <i>5083780</i> |

### Part Specifications

| Spec No | Description     | Target/Tolerance     | Limits           | Type | Special Comments |
|---------|-----------------|----------------------|------------------|------|------------------|
| 1       | Window Assembly | 0.120Inches ± 0.030  | 0.150<br>0.090   |      |                  |
| 2       | Window Assembly | 4.170Inches ± 0.030  | 4.200<br>4.140   |      |                  |
| 3       | Window Assembly | 23.030Inches ± 0.030 | 23.060<br>23.000 |      |                  |
| 4       | Window Assembly | 27.900Inches ± 0.030 | 27.930<br>27.870 |      |                  |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

WORK ORDER NON-CONFORMANCE / UPDATE

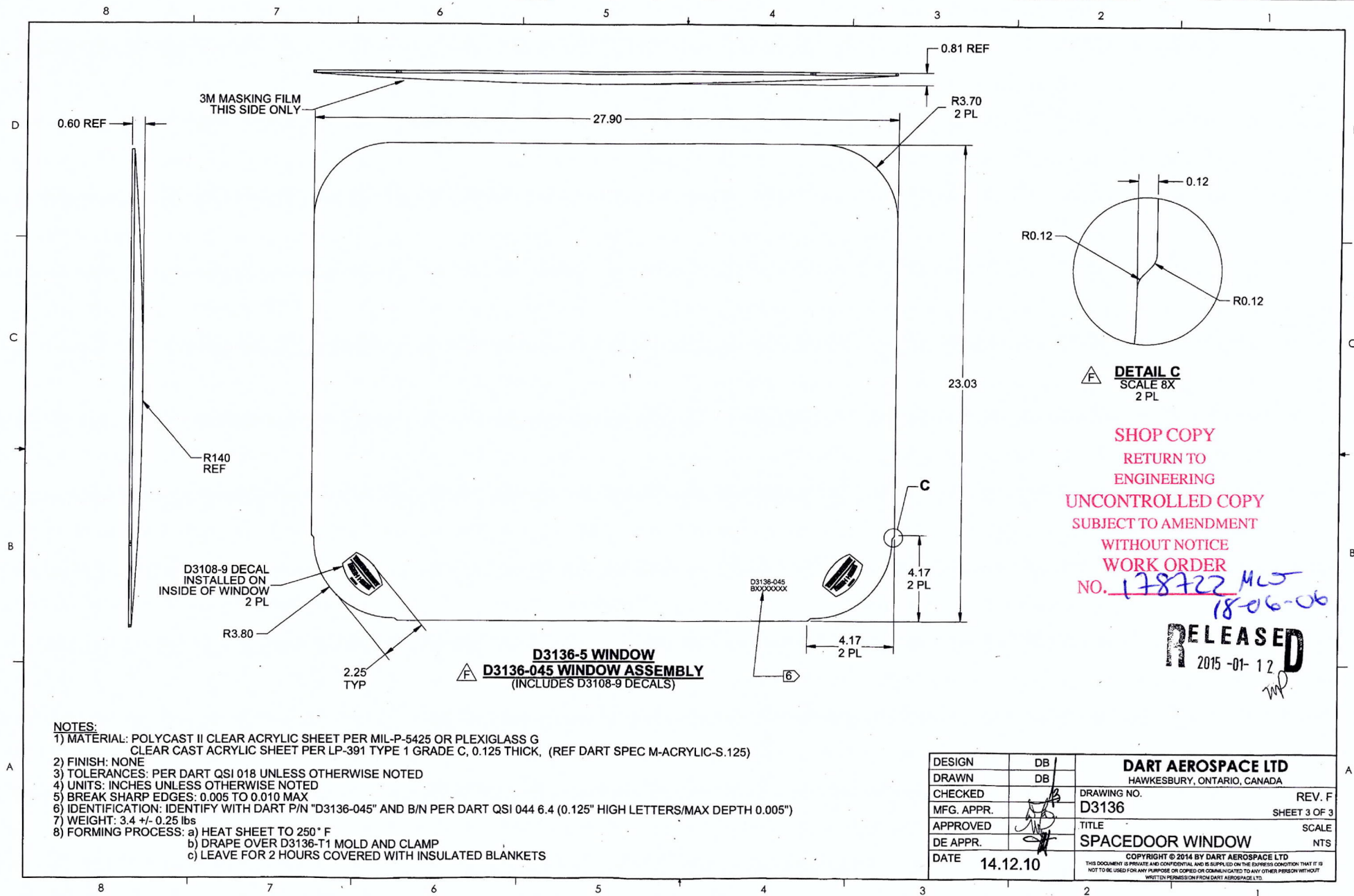


QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------|--|----------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------|--|------------------------------------------------------------------------------------------------------------|--|--------------------------|--|--------------------------|--|
| Work Order: _____                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>DISPOSITION</b>                                                                                      |  |                                  |  | <b>AGAINST DEPARTMENT/PROCESS</b>                                                                                                                        |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
| Part No. _____                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/> |  |                                  |  | Skid-tube <input type="checkbox"/><br>Machining <input type="checkbox"/><br>Thermoforming <input type="checkbox"/><br>Large Fab <input type="checkbox"/> |  |                          |  | Cross tube <input type="checkbox"/><br>Small Fab <input type="checkbox"/><br>Finishing <input type="checkbox"/><br>Composite <input type="checkbox"/> |  |                                              |  | Water Jet <input type="checkbox"/><br>Prod. Eng. Coord. <input type="checkbox"/><br>Rec/Store/Packaging <input type="checkbox"/><br>Supplier <input type="checkbox"/> |  |                          |  | Engineering <input type="checkbox"/><br>Quality <input type="checkbox"/><br>Other <input type="checkbox"/> |  |                          |  |                          |  |
| NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Suspected Unapproved <input type="checkbox"/>                                                           |  |                                  |  | QTY Effective: _____                                                                                                                                     |  |                          |  | MRB (QS1042) Approval <input type="checkbox"/>                                                                                                        |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
| Date: _____                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Step #: _____                                                                                           |  | Description Work Order Deviation |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  | Disposition                                                                                                                                                           |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  | Completed By                                 |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  | Lead hand / Supervisor Approval Verification |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  | QC / QA Coordinator Approval                 |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
| Environment                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Design                                                                                                  |  | Doc/Data                         |  | Equip/Tooling                                                                                                                                            |  | Handling/Pre             |  | Material                                                                                                                                              |  | Internal Transport                           |  | Tribal Knowledge                                                                                                                                                      |  | LOA                      |  | Substation                                                                                                 |  | Past Expiry Date         |  | Misidentified            |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                                                                |  | <input type="checkbox"/>         |  | <input type="checkbox"/>                                                                                                                                 |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                                                              |  | <input type="checkbox"/>                     |  | <input type="checkbox"/>                                                                                                                                              |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                   |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                        |  | No Re-verification                                                                                      |  | Operator                         |  | Offset/Setup                                                                                                                                             |  | Supplier                 |  | Training                                                                                                                                              |  | Use for Testing                              |  | Poor Information                                                                                                                                                      |  | Rushing                  |  | Product Improve                                                                                            |  | Process Improve          |  | Manufacturing Proc       |  |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/>                                                                                |  | <input type="checkbox"/>         |  | <input type="checkbox"/>                                                                                                                                 |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                                                              |  | <input type="checkbox"/>                     |  | <input type="checkbox"/>                                                                                                                                              |  | <input type="checkbox"/> |  | <input type="checkbox"/>                                                                                   |  | <input type="checkbox"/> |  | <input type="checkbox"/> |  |
| <div>1270 Aberdeen Street<br/>Hawkesbury, ON K6A 1K7<br/>CANADA<br/>TEL.: 1 613 632-8200<br/>Email: sales@dartaero.com<br/>www.dartaerospace.com</div> <div>Date: 06/19/18</div> <div><b>DART AEROSPACE</b><br/>Container No: S082284<br/><br/>Part: D3136 - 045<br/>Job No: 178722<br/>Serial No/Batch: S082284<br/>Revision:<br/>Inspector:<br/>Exp Date:<br/>Instructions:</div> <div>OTHER: <input type="checkbox"/></div>    |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |
| Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |  |                                                                                                         |  |                                  |  |                                                                                                                                                          |  |                          |  |                                                                                                                                                       |  |                                              |  |                                                                                                                                                                       |  |                          |  |                                                                                                            |  |                          |  |                          |  |





7DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

\*QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                       |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                 |                       |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | MRB (QSI042) Approval |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                     |                       |  |
| <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%); opacity: 0.1; font-size: 2em;">             WORK ORDER<br/>             NON-CONFORMANCE /<br/>             UPDATE           </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completed By                                    |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lead hand / Supervisor<br>Approval Verification |                       |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator<br>Approval                 |                       |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                       |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                       |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 |                       |  |





Dart Aerospace Ltd.  
1270 Aberdeen St  
Hawkesbury, ON  
K6A 1K7  
Canada

Tel (613) 632-5200

# **PURCHASE ORDER** **PO040151**

**Supplier:** PLA002-VC  
Plas-Tech  
115 Applewood Crescent  
Concord  
ON  
L4K 5C1 Canada  
Phone: 416-736-0004  
Fax: 416-736-0010

**PO No:** PO040151

**PO Date:** 6/11/18

**Due Date:** 6/21/18

**Purchase Order**

**Revision:**

**Revision Date:**

**Ship-To Contact:** Lussier, Patrick

**Via:** Ground

**Pymt Terms:** Net 60

**Freight Terms:**

**Special Comments:**

**E-MAILED**  
**JUN 11 2018**

**Ship To:** 1270 Aberdeen Street  
Hawkesbury  
ON  
K6A 1K7 Canada  
Phone: 613-632-5200

## **Items**

| Line Item | Part       | Supplier Part No | Item No | Description                    | Status | Due Date | Order Quantity | Received Quantity | Balance | Unit Price (CAD) | Extended Price |
|-----------|------------|------------------|---------|--------------------------------|--------|----------|----------------|-------------------|---------|------------------|----------------|
| 1         | D3136-045P |                  |         | Window Assembly<br>receive pcs | Firmed | 6/21/18  | 4 Ea           | 0 Ea              | 4 Ea    | \$100.00/Ea      | \$400.00       |

**Line Item Note** W/O 178722

**Grand Total:** \$400.00

## **Order Notes**

Terms & Condition of Purchasing(Suppliers) and Procurement Quality Clauses are an integral part of our AS9100 requirements. To learn in detail, please visit [www.dartaerospace.com](http://www.dartaerospace.com) for further explanation.

### **Procurement Quality Clauses**

A005 RIGHT OF ENTRY

A007 FIRST ARTICLE INSPECTION (FAI) BY SELLER, (DOCUMENTATION MAINTAINED BY SUPPLIER)

A012 CHEMICAL AND PHYSICAL TEST REPORTS

A016 PERSONNEL QUALIFICATION

A017 RAW MATERIAL IDENTIFICATION (AS APPLICABLE)

A026 CERTIFICATION OF MATERIAL CONFORMANCE

A041 QUALITY MANAGEMENT SYSTEM

A042 DART NOTIFICATION BY SUPPLIER

A043 RETENTION OF QUALITY DOCUMENT

A048 COUNTERFEIT PARTS AVOIDANCE, DETECTION, MITIGATION AND DISPOSITION PROGRAM

A049 SUPPLIER AWARENESS

Plex 6/11/18 7:32 AM dart.Lussier.Patrick

# Certificate Of Conformance



Customer: DART AEROSPACE LTD

P.O. # 40151

SO # 023922

|             |                  |                |         |         |        |
|-------------|------------------|----------------|---------|---------|--------|
| Part #      | D3136-045        | Qty.           | 4       | Batch # | -001   |
| Description | SPACEDOOR WINDOW | Material usage | 1 SHEET | Lot#    | 240394 |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |
| Part #      |                  | Qty.           |         | Batch # |        |
| Description |                  | Material usage |         | Lot#    |        |

Note: All parts are not identified as meeting QSI044.

By:   
(Approved QA Signatory)

Date: JUNE 15, 2018

C O F C # 073

Page: 1 of 1

Plas-Tech Inc. 115 Applewood Cres. Concord, Ontario L4K 5C1 Tel: (416) 736-0004 Fax: (416) 736-0010

Email: [info@plastechonline.com](mailto:info@plastechonline.com), Web: [www.plastechonline.com](http://www.plastechonline.com)